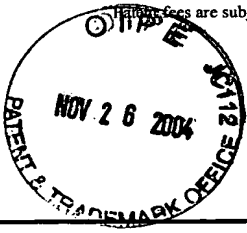



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| <b>FEE TRANSMITTAL</b><br><b>for FY 2005</b><br>Fees are subject to annual revision.<br> | <b>Complete if Known</b> |                           |
|   | Application Number       | 10/010,793                |
|   | Confirmation Number      | 5852                      |
|   | Filing Date              | November 13, 2001         |
|   | First Named Inventor     | Gerard Laurent Buisson    |
|   | Examiner Name            | Robin Annette Hylton      |
|   | Art Unit                 | 3727                      |
| TOTAL AMOUNT OF PAYMENT (\$)  |                          | 1,320.00                  |
|   |                          | Attorney Docket No. 8329M |

| <b>METHOD OF PAYMENT</b>  |  | <b>FEE CALCULATION (continued)</b>   |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|---|--|--|-------------------------------------|-----------------|----------|-----------------|----------|--------------------|--------------------------|-----------------------------------|--------------------------|-------------------|--------------------------|--|--------------------------|--------------------|--------------------------|---------------------------|--------------------------|------------------------|--------------------------|--|--------------------------|---------|------|--|--------------------------|------|--------------|---|--------------------------|--------------|--|--|----------------------------|--------------------|---|--|----------------------------|--------------------|-----|--|-------------------------------------|------|-------|--|--------------------------|------|------------------------|--|--------------------------|-----------------------------------|------|------------------|---------------------------------------|------|-----|---|-------------------------------------|------|---|--------------------------|--------------------------|---------|-------|---|--------------------------|------|-----|----------------------------------|--------------------------|------|-------|------------------------------------|--------------------------|------|-------|--------------------------------|--------------------------|------|-----|------------------|--------------------------|------|-----|-------------------------------|--------------------------|------|----|--|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|--|--------------------------|------|-----|---|--------------------------|------|-----|---|--------------------------|------|------|---|--------------------------|---------------------------|--|--|--------------------------|---------------------------|--|--|--------------------------|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br><br>Deposit Account Number: 16-2480<br>Deposit Account Name: The Procter & Gamble Company   |  | 3. <b>ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>430</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>980</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1254</td><td>1,530</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,080</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>340</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>340</td><td>Filing a brief in support of an appeal</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>1403</td><td>300</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,370</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,370</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>490</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>790</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>790</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>790</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1370</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="3">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> </tbody> </table> |                                     | Code            | (\$)     | Fee Description | Fee Paid | 1051               | 130                      | Surcharge-late filing fee or oath | <input type="checkbox"/> | 1052              | 50                       | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053               | 130                      | Non-English specification | <input type="checkbox"/> | 1812                   | 2,520                    | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804    | 920* | Requesting publication of SIR prior to Examiner's action   | <input type="checkbox"/> | 1805 | 1,840*       | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251         | 110  | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/>   | 1252               | 430   | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/>   | 1253               | 980 | Extension for reply within 3 <sup>rd</sup> month | <input checked="" type="checkbox"/> | 1254 | 1,530 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 2,080                  | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401                              | 340  | Notice of Appeal | <input type="checkbox"/>              | 1402 | 340 | Filing a brief in support of an appeal            | <input checked="" type="checkbox"/> | 1403 | 300   | Request for oral hearing | <input type="checkbox"/> | 1451    | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,370 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,370 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 490 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 790 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 790 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 790 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1370 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  | <input type="checkbox"/> |
| Code  | (\$)   | Fee Description  | Fee Paid                            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1051  | 130  | Surcharge-late filing fee or oath  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1052  | 50   | Surcharge-late provisional filing fee or cover sheet   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1053  | 130  | Non-English specification  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1812  | 2,520  | For filing a request for <i>ex parte</i> reexamination   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1804  | 920*   | Requesting publication of SIR prior to Examiner's action   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1805  | 1,840*   | Requesting publication of SIR after Examiner's action  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1251  | 110  | Extension for reply within 1 <sup>st</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1252  | 430  | Extension for reply within 2 <sup>nd</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1253  | 980  | Extension for reply within 3 <sup>rd</sup> month   | <input checked="" type="checkbox"/> |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1254  | 1,530  | Extension for reply within 4 <sup>th</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1255  | 2,080  | Extension for reply within 5 <sup>th</sup> month   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1401  | 340  | Notice of Appeal   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1402  | 340  | Filing a brief in support of an appeal   | <input checked="" type="checkbox"/> |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1403  | 300  | Request for oral hearing   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1451  | 1,510  | Petition to institute a public use proceeding  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1452  | 110  | Petition to revive - unavoidable   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1453  | 1,370  | Petition to revive - unintentional   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1501  | 1,370  | Utility issue fee (or reissue)   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1502  | 490  | Design issue fee   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1460  | 130  | Petitions to the Commissioner  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1807  | 50   | Processing fee under 37 C.F.R. 1.17(q)   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1806  | 180  | Submission of Information Disclosure Statement   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1809  | 790  | Filing a submission after final rejection (37 CFR § 1.129(a))  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1810  | 790  | For each additional invention to be examined (37 CFR § 1.129(b))   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1801  | 790  | Request for Continued Examination (RCE)  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1802  | 900  | Request for expedited examination of a design application  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1454  | 1370   | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |  |  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Other fee (specify) _____   |  |  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| <b>FEE CALCULATION</b><br>1. <b>BASIC FILING FEE - Large Entity</b><br><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>790</td><td>Utility filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1002</td><td>350</td><td>Design filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1004</td><td>790</td><td>Reissue filing fee</td><td><input type="checkbox"/></td></tr> <tr><td>1005</td><td>160</td><td>Provisional filing fee</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">SUBTOTAL (1)</td><td>(\$)[0]</td><td></td></tr> </tbody> </table> |  | Code   | (\$)                                | Fee Description | Fee Paid | 1001            | 790      | Utility filing fee | <input type="checkbox"/> | 1002                              | 350                      | Design filing fee | <input type="checkbox"/> | 1004   | 790                      | Reissue filing fee | <input type="checkbox"/> | 1005                      | 160                      | Provisional filing fee | <input type="checkbox"/> | SUBTOTAL (1)   |                          | (\$)[0] |      | 2. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity</b><br><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td><input type="checkbox"/> - 20** = <input type="checkbox"/> x</td><td><input type="checkbox"/></td><td>= <input type="checkbox"/></td></tr> <tr><td>Independent Claims</td><td><input type="checkbox"/> - 3** = <input type="checkbox"/> x</td><td><input type="checkbox"/></td><td>= <input type="checkbox"/></td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/></td><td>= <input type="checkbox"/></td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>88</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>300</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>88</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>**Reissue claims in excess of 20 &amp; over original patent</td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td>(\$)[0]</td></tr> </tbody> </table> |                          |      | Extra Claims | Fee from Below  | Fee Paid                 | Total Claims | <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/>                         | = <input type="checkbox"/> | Independent Claims | <input type="checkbox"/> - 3** = <input type="checkbox"/> x | <input type="checkbox"/>                         | = <input type="checkbox"/> | Multiple Dependent |     | <input type="checkbox"/>                         | = <input type="checkbox"/>          | Code | (\$)  | Fee Description                                  | 1202                     | 18   | Claims in excess of 20 | 1201   | 88                       | Independent claims in excess of 3 | 1203 | 300              | Multiple dependent claim, if not paid | 1204 | 88  | **Reissue independent claims over original patent | 1205                                | 18   | **Reissue claims in excess of 20 & over original patent | SUBTOTAL (2)             |                          | (\$)[0] |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)   | Fee Description  | Fee Paid                            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1001  | 790  | Utility filing fee   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1002  | 350  | Design filing fee  | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1004  | 790  | Reissue filing fee   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1005  | 160  | Provisional filing fee   | <input type="checkbox"/>            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| SUBTOTAL (1)  |  | (\$)[0]  |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
|   | Extra Claims   | Fee from Below   | Fee Paid                            |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Total Claims  | <input type="checkbox"/> - 20** = <input type="checkbox"/> x | <input type="checkbox"/>   | = <input type="checkbox"/>          |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Independent Claims  | <input type="checkbox"/> - 3** = <input type="checkbox"/> x  | <input type="checkbox"/>   | = <input type="checkbox"/>          |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Multiple Dependent  |  | <input type="checkbox"/>   | = <input type="checkbox"/>          |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| Code  | (\$)   | Fee Description  |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1202  | 18   | Claims in excess of 20   |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1201  | 88   | Independent claims in excess of 3  |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1203  | 300  | Multiple dependent claim, if not paid  |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1204  | 88   | **Reissue independent claims over original patent  |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| 1205  | 18   | **Reissue claims in excess of 20 & over original patent  |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| SUBTOTAL (2)  |  | (\$)[0]  |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |
| SUBTOTAL (2) (\$)[0]  |  | * Reduced by Basic Filing Fee Paid<br>SUBTOTAL(3) (\$) [1320]  |                                     |                 |          |                 |          |                    |                          |                                   |                          |                   |                          |  |                          |                    |                          |                           |                          |                        |                          |  |                          |         |      |  |                          |      |              |   |                          |              |  |  |                            |                    |   |  |                            |                    |     |  |                                     |      |       |  |                          |      |                        |  |                          |                                   |      |                  |                                       |      |     |   |                                     |      |   |                          |                          |         |       |   |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |  |                          |      |     |  |                          |      |     |   |                          |      |     |  |                          |      |     |   |                          |      |     |   |                          |      |      |   |                          |                           |  |  |                          |                           |  |  |                          |

|                     |   |                                   |            |
|---------------------|---|-----------------------------------|------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>   |            |
| Name (Print/Type)   | Theodore P. Cummings  | Registration No. (Attorney/Agent) | 40,973     |
| Signature           |  | Date                              | 11/19/2004 |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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